

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> Devolder-Santos for Congress																																																																																																																							
<b>ADDRESS</b> (number and street) 47 Flintlock Drive																																																																																																																							
<b>CITY</b> Shirley		<b>STATE</b> NY		<b>ZIP CODE</b> 11967																																																																																																																			
<b>2. NAME OF CANDIDATE</b> Devolder-Santos, George, Anthony, ,			<b>3. OFFICE SOUGHT</b> (State and District) House NY 03																																																																																																																				
<b>4. FEC IDENTIFICATION NUMBER</b> C00721365																																																																																																																							
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b> BEYDA, CANDY, , , </td> <td colspan="2"> Name of Employer RETIRED </td> <td colspan="2"> Date (month, day, year) 10/28/2022 </td> <td colspan="2"> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> 777 BRICKELL AVE #500-99123 </td> <td colspan="2"> <b>Transaction ID : TX41491</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b> MIAMI </td> <td> <b>STATE</b> FL </td> <td> <b>ZIP CODE</b> 33131- </td> <td colspan="2"> Occupation RETIRED </td> </tr> <tr> <td colspan="3"> <b>B. FULL NAME</b> KRAMER, GEORGE, , , </td> <td colspan="2"> Name of Employer ACVS </td> <td colspan="2"> Date (month, day, year) 10/28/2022 </td> <td colspan="2"> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> 3250 VETERANS MEMORIAL HIGHWAY </td> <td colspan="2"> <b>Transaction ID : TX41516</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b> BOHEMIA </td> <td> <b>STATE</b> NY </td> <td> <b>ZIP CODE</b> 11716-1008 </td> <td colspan="2"> Occupation VETERINARIAN </td> </tr> <tr> <td colspan="3"> <b>C. FULL NAME</b> RICHARDSON, FRANK, , , </td> <td colspan="2"> Name of Employer SELF EMPLOYED </td> <td colspan="2"> Date (month, day, year) 10/29/2022 </td> <td colspan="2"> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> 129 MAPLE AVENUE </td> <td colspan="2"> <b>Transaction ID : TX41538</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b> KATONAH </td> <td> <b>STATE</b> NY </td> <td> <b>ZIP CODE</b> 10536-3722 </td> <td colspan="2"> Occupation PRIVATE INSTRUCTOR </td> </tr> <tr> <td colspan="3"> <b>D. FULL NAME</b>   </td> <td colspan="2"> Name of Employer  </td> <td colspan="2"> Date (month, day, year)  </td> <td colspan="2"> Amount  </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b>  </td> <td colspan="2"> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b>  </td> <td> <b>STATE</b>  </td> <td> <b>ZIP CODE</b>  </td> <td colspan="2"> Occupation  </td> </tr> <tr> <td colspan="3"> <b>E. FULL NAME</b>   </td> <td colspan="2"> Name of Employer  </td> <td colspan="2"> Date (month, day, year)  </td> <td colspan="2"> Amount  </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b>  </td> <td colspan="2"> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b>  </td> <td> <b>STATE</b>  </td> <td> <b>ZIP CODE</b>  </td> <td colspan="2"> Occupation  </td> </tr> </table>					<b>A. FULL NAME</b> BEYDA, CANDY, , ,			Name of Employer RETIRED		Date (month, day, year) 10/28/2022		Amount 1000.00		<b>MAILING ADDRESS</b> 777 BRICKELL AVE #500-99123			<b>Transaction ID : TX41491</b>						<b>CITY</b> MIAMI	<b>STATE</b> FL	<b>ZIP CODE</b> 33131-	Occupation RETIRED		<b>B. FULL NAME</b> KRAMER, GEORGE, , ,			Name of Employer ACVS		Date (month, day, year) 10/28/2022		Amount 1000.00		<b>MAILING ADDRESS</b> 3250 VETERANS MEMORIAL HIGHWAY			<b>Transaction ID : TX41516</b>						<b>CITY</b> BOHEMIA	<b>STATE</b> NY	<b>ZIP CODE</b> 11716-1008	Occupation VETERINARIAN		<b>C. FULL NAME</b> RICHARDSON, FRANK, , ,			Name of Employer SELF EMPLOYED		Date (month, day, year) 10/29/2022		Amount 2900.00		<b>MAILING ADDRESS</b> 129 MAPLE AVENUE			<b>Transaction ID : TX41538</b>						<b>CITY</b> KATONAH	<b>STATE</b> NY	<b>ZIP CODE</b> 10536-3722	Occupation PRIVATE INSTRUCTOR		<b>D. FULL NAME</b>  			Name of Employer 		Date (month, day, year) 		Amount 		<b>MAILING ADDRESS</b> 									<b>CITY</b> 	<b>STATE</b> 	<b>ZIP CODE</b> 	Occupation 		<b>E. FULL NAME</b>  			Name of Employer 		Date (month, day, year) 		Amount 		<b>MAILING ADDRESS</b> 									<b>CITY</b> 	<b>STATE</b> 	<b>ZIP CODE</b> 	Occupation 	
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<b>SIGNATURE (optional)</b> Marks, Nancy, , ,  <div style="text-align: center;">[Electronically Filed]</div>				<b>DATE</b> 10/31/2022		<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																																																																																																	

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)